

U.S. DEPARTMENT OF JUSTICE
Office of Justice Programs
Office for Victims of Crime

SUBGRANT AWARD REPORT

The purpose of this report is to collect basic information on subgrant recipients and their programs in a manner that is convenient to report and analyze. This report must be completed in full and submitted by the State agency (grantee) within thirty (30) days from the date of the award of a subgrant to a local victim assistance program. A Subgrant Award Report must be completed for each program receiving Victims of Crime Act funding.

wince it	g •
.a. SUBGRANTEE AGENCY NAME AND ADDRESS (Including Zip Code).	2. FEDERAL GRANT NUMBER:
b. TELEPHONE NUMBER AND AREA CODE: c. CONGRESSIONAL DISTRICT: 5. SUBGRANT MATCH (financial support from other sources): HAS THE VICTIM SERVICE PROGRAM RECIEVED A MATCH WAIVER?	3. PURPOSE OF VOCA SUBGRANT AWARD: (Check one.) a. START UP A NEW VICTIM SERVICES PROJECT b. CONTINUATION OF VOCA FUNDED VICTIM PROJECT FUNDED IN A PREVIOUS YEAR c. EXPAND OR ENHANCE AN EXISTING PROJECT NOT FUNDED BY VOCA IN THE PREVIOUS YEAR d. START UP A NEW MATIVE AMERICAM VICTIM SERVICES PROJECT e. EXPAND OR ENHANCE AN EXISTING MATIVE AMERICAN PROJECT f. START-UP/EXPAND/ENHANCE INFORMATION TECHNOLOGY TO SERVE CRIME VICTIMS
YES NO a. VALUE OF IN-KIND MATCH: \$ b. CASH MATCH: \$ c. TOTAL MATCH: \$	4. a. CRIME VICTIM ASSISTANCE FUNDS AWARDED: \$ b. STATE AWARD NUMBER: c. PROJECT BEGIN DATE: d. PROJECT END DATE:
7. FOR THIS VICTIM SERVICES PROGRAM INDICATE: a. NUMBER OF PAID STAFF (FULL-TIME EQUIVALENTS) b. EAS THE VICTIM SERVICES PROGRAM RECEIVED A VOLUNTEER WAIVER? 1 YES NO 2. IF NO, INDICATE THE NUMBER OF VOLUNTEER STAFF (FULL-TIME EQUIVALENTS)	6. THESE VOCA FUNDS WILL PRIMARILY BE USED TO: (Check One.) a. EXPAND SERVICES INTO A NEW GEOGRAPHIC AREA b. OFFER NEW TYPE OF SERVICES c. SERVE ADDITIONAL VICTIM POPULATIONS d. CONTINUE EXISTING SERVICES TO CRIME VICTIMS e. OTHER 8. IDENTIFY ANY OR ALL OF THE VOCA GRANT THAT WILL BE USED TO MEET THE PRIORITY AND UNDERSERVED REQUIREMENTS:
2. □ RAPE CRISIS 3. □ RELIGIOUS ORGANIZATION 4. □ SHELTER 5. □ MENTAL HEALTH AGENCY	a. CHILD ABUSE b. DOMESTIC VIOLENCE c. SEXUAL ASSAULT d. UNDERSERVED: 1. DUI/DWI CRASHES 2. SURVIVORS OF HOMICIDE VICTIMS \$ 3. ASSAULT 4. ADULTS MOLESTED AS CHILDREN \$ 5. HLDER ABUSE 6. ROBBERY 7. OTHER VIOLENT CRIME 10. PLEASE PROVIDE THE TOTAL AMOUNT OF FUNDING ALLOCATED TO VICTIM SERVICES BASED ON THE SUBGRANTEE'S CURRENT FISCAL YEAR BUDGET: FUNDING SOURCES: CURRENT YEAR
6. OTHER d. NATIVE AMERICAN TRIBE OR ORGANIZATION 1. ON RESERVATION 2. OFF RESERVATION e. OTHER	a. FEDERAL (excluding VOCA) b. VOCA FUNDS c. STATE d. LOCAL e. OTHER
1. IDENTIFY THE VICTIMS TO BE SERVED THROUGH THIS VOCA-FUNDED P a. CHILD PHYSICAL ABUSE b. CHILD SEXUAL ABUSE c. DUI/DWI CRASHES d. DOMESTIC VIOLENCE e. ADULT SEXUAL ASSAULT f. ELDER ABUSE	ROJECT (VOCA grant plus Match) BY CHECKING THE TYPE OF CRIME(S): g. \(\subseteq \text{ ADULTS MOLESTED AS CHILDREN } \) h. \(\subseteq \text{ SURVIVORS OF HOMICIDE VICTIMS } \) i. \(\subseteq \text{ ROBBERY } \) j. \(\subseteq \text{ ASSAULT } \) k. \(\subseteq \text{ OTHER VIOLENT CRIME } \) 1. \(\subseteq \text{ OTHER } \)
2. CHECK THE SERVICES TO BE PROVIDED BY THIS VOCA-FUNDED PROJECT CRISIS COUNSELING f. SHELTER/SAFE HOUSE G. THERAPY h. CRIMINAL JUSTICE SUPPLY d. GROUP TREATMENT 1. HERRGENCY FINANCIAL J	j. EMERGENCY LEGAL ADVOCACY AL (IN-PERSON) k. ASSISTANCE IN FILING COMPENSATION CLAIMS PORT/ADVOCACY 1. PERSONAL ADVOCACY